ذ									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								<u>.</u>	09	68	6 73-1	9		
CLAIMS AS FILED - PART I							s	MALL E	NTITY		OTHER	RTHAN		
-	OTAL CLAIMS		(Colum	n 1)	(Colu	(Column 2)		TYPE		OR SMALL ENT		ENTITY		
TOTAL CLAIMS								RATE	FEE] .	RATE	FEE		
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			// minus 20=		•		L	X\$ 9=		OR	.X\$18=			
INDEPENDENT CLAIMS			4 minus 3 =		/			X42=		OR	X84≟	800		
L	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	RESENT				+140=		OR	+280=	·		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II											OTHER			
	(Column 1) (Column 2) (Column 3							SMALL	ENTITY	OR	SMALL	, 		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	* is	Minus	** ()	7	=		X\$ 9=		OR	X\$18=			
AME	Independent	ENTATION OF M	Minus	***	4 /			X42=		OR	X84=			
<u> </u>	FIRST PRESENTATION OF MULTIPLE D			PENDENT	CLAIIVI			+140=		OR	+280=			
							<u> </u>	TOTAL	<u> </u>		TOTAL			
		(Column 1)		(Colun	nn 2)	(Column 3)	. AD	DIT. FEE		J /	ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	EST BER OUSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 25	Minus	- 2	0	=5		X\$ 9=	45	OR	X\$18=			
	Independent	NTATION OF MU	Minus	*** /-	CLAIM	= /		X42=	43	OR	X84=			
نــا	PINOT PRESE		DETIPLE DEF	ETIT EE DET ENDENT		CLAIM	'	140=	-	OR	+280=			
	2						ADI	TOTAL DIT. FEE	88	OR A	TOTAL DDIT. FEE			
		(Column 1)		(Colum	n 2)	(Column 3)		D11.1 CE •	•					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**			>	(\$ 9=		OR	X\$18=			
AME	Independent	*	Minus '	***		-		(42=		OR	X84=			
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM			140=		OR	+280=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL		_ L	TOTAL			
***1	the "Highest Nu	mber Previously Paid ber Previously Paid	id For" IN THI	S SPACE is	less than	3, enter "3."		OIT. FEE L in the appi	ropriate box	A	DDIT. FEE L mn 1.			